

POSITION	INITIALS	ID NO.	DATE
			06/10/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	TH	1118	6/25
FORMALITY REVIEW			18-08-01
RESPONSE FORMALITY REVIEW		1091	11.02-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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08-08-01
858
11-2-1